2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # G53069

DUVÁL SUBWAY, INC.



Feb 14, 2007 08:00 AM Secretary of State

Principal Place of Business

469 ATLANTIC BLVD. ATLANTIC BCH., FL 32233

Mailing Address

1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL 32211



01042007

No Chg-P

CR2E034 (11/05)

FILED

4. FEI Number 59-2312813

Applied For Not Applicable

\$8.75 Additional Fee Required

FRANCO, PHILIP H. 1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL 32211

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8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida			Florida. I am familiar with, and accept
	the obligations of registered agent.			

10.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCO, PHILIP H. 1030 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211
NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, WALTER E 2522 FARRIER LANE RESTON, VA 22091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRANCO, FRED C 6939 RIVERSEDGE ST CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

OFFICERS AND DIRECTORS

000000635667 02/23/07+90024-008

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP